ROXBURY DAY CARE CENTER, INC. BEFORE AND AFTER SCHOOL PROGRAM EMERGENCY CLOSING POLICY

All emergency closings due to weather are for the purpose of either keeping your children home from dangerous roads, or getting them home before roads become too dangerous. In the event of snow/ice/bad weather, the following will apply:

PLEASE NOTE: WE USE ONE CALL NOW FOR ALL EMERGENCY NOTIFICATIONS.
PLEASE BE SURE TO FILL OUT THE FORM COMPLETELY AT THE BEGINNING OF EACH
SCHOOL YEAR. ALL NUMBERS WILL BE CONTACTED BY THE SYSTEM.

FOR COMPLETE CLOSING:

All Roxbury Day Care Center sites will close when the Roxbury Township Public Schools close for bad weather. All closings will be announced on the air by 6:15 am on radio station WMTR-1250 AM, and on the WDHA-FM, website: www.wdhafm.com.

FOR DELAYED OPENING:

When Roxbury Township Schools have a delayed opening due to bad weather, All Roxbury Day Care Center sites will open at 8:45 am.

FOR DELAYED OPENING CHANGED TO FULL CLOSING PRIOR TO SCHOOL OPENING:

When the Roxbury Township Schools announce a delayed opening, but then change this to a full closing prior to school opening, all Roxbury Day Care Center sites will also be closed. All children at all Roxbury Day Care Center sites will remain at their site. Parents will be called at their emergency numbers and be requested to pick up their child as soon as possible.

FOR EARLY CLOSING:

If the Roxbury Township Schools close early after an initial opening at the regular time, all Roxbury Day Care Center sites will also close. Mid-day closings will be announced on the above radio station, and website. Parents will be called at their emergency numbers to notify them of the closing. On Mid-day closings, the children will be either transported on the bus they would have taken if they were not in daycare, or if walkers, they will be released to your emergency contact that you provided in the beginning of the school year.

ALL ROXBURY DAYCARE AFTER SCHOOL PROGRAMS WILL BE CLOSED.

FOR CLOSING AFTER SCHOOL HOURS:

It might happen that all Roxbury Day Care Center sites will need to close early after the public school's regular hours. Parents again will be called at their emergency numbers and be requested to pick up their child as soon as possible at their respective Roxbury Day Care Center site.

Revised 2/24/2017

EXPULSION POLICY

NAME OF CENTER: Roxbury Day Care Center, Inc.

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION:

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children

PARENTAL ACTIONS FOR CHILD'S EXPULSION:

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- · Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

CHILD'S ACTIONS FOR EXPULSION:

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/ angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Other (explain)

SCHEDULE OF EXPULSION:

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center. The parent/guardian will be informed regarding the length of the expulsion period and the expected behavioral changes required in order for the child or parent to return to the center. The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks' notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

A CHILD WILL NOT BE EXPELLED IF A PARENT/GUARDIAN:

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION:

- Try to redirect child from negative behavior.
- Reassess classroom environment, appropriateness of activities, supervision.
- Always use positive methods and language while disciplining children.
- Praise appropriate behaviors.
- Consistently apply consequences for rules.
- · Give the child verbal warnings.
- Give the child time to regain control.

- Document the child's disruptive behavior and maintain confidentiality.
- Give the parent/guardian written copies of the disruptive behavior that might lead to expulsion.
- Schedule a conference including the director, classroom staff, and parent/guardian to discuss how to promote positive behaviors.
- Give the parent literature of other resources regarding methods of improving behavior.
- Recommend an evaluation by professional consultation on premises.
- Recommend an evaluation by local school district study team.

Before and After School Program Important Parent Notice

PLEASE REVIEW THE FOLLOWING IMPORTANT PROCEDURES:

Absentee and Dismissal Policy:

Parents/Guardians are responsible to notify us when their child will be absent for any reason.

Parents/Guardians are responsible to notify us when their child is dismissed from school early due to sickness, doctor appointments, play dates, etc.

Parents/Guardians who fail to give us proper notification will receive a written warning for the first offense; second offense the child will be suspended for one day; third offense child may be terminated from the program.

Parents/Guardians please be advised **that it is not the Roxbury Public School's responsibility** to notify us of changes in your child's schedule.

Late Pick-Up Policy:

The Roxbury Day Care Center closes every day, Monday through Friday, **PROMPTLY** 6:00 P.M.

If a parent cannot pick-up their child by 6:00, it is their responsibility to find an **alternate person** to do so.

The parent is to accept **full responsibility** for their child if left after the proper closing time of 6:00 P.M.

A fee is established to cover the inconvenience to staff of having to stay after hours on their private time, and to cover the additional cost to the center in wages. Parents whose children remain past 6:00 must pay a penalty fee as follows:

\$1.00 per minute for the first thirty minutes and then \$20.00 for any part of the next half hour after closing. EXAMPLE: If you arrive at 6:10, you will be charged a \$10.00 late fee. If you arrive at 6:35, you will be charged \$50.00.

Three latenesses will result in suspension of your child for one week.

A fourth lateness may result in termination of your child from our enrollment.

I have read the above policies and understand th	em. I accept these policies.
Parent/Guardian Signature	Date
Permission for Photographing Children: I hereby grant permission to have my child photograph have the Center use the photographs at their discretion	ned while in attendance at the Center, and to n.

Parent/Guardian Signature	Date	Revised 12/02
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ELECTRONIC DEVICES

By law, students are <u>not</u> allowed to bring to school any electronic devices such as cell phones, beepers. The use of recorders of any kind is not allowed in the school unless the teacher gives specific permission. No MP3 players, CD players or cell phones are to be brought to school or taken to class, for any reason. If equipment is required for a class, the school will provide it. Laser pointers are not to be brought to school.

Having said that, we know that a large majority of children do bring cell phones to school on a daily basis. Some have parent approval and some do not. The rule concerning cell phones at Roxbury Day Care Center will be as follows:

- Any cell phone brought to school must remain in the student's backpack during the entire scheduled before and after school times. No exceptions! If you are concerned about security for the phone you should purchase a travel lock and have your child lock the phone in a zippered pouch in their backpack. The phone may not be out of the backpack for any reason.
 - If the phone is taken out of the backpack it will be confiscated. A parent will have to pick the phone up from the day care Lead Teacher.
 - If there is a second occurrence the phone will be taken away and the child will have to write an
 apology to the Roxbury Day Care Center. The apology will include why they are sorry as well as
 how they will make sure the rules are not broken in the future.
 - The third such incident of a phone being out of the backpack will result in a meeting involving parents and the Education Coordinator and /or the Executive Director of the BASP program.
 - A fourth incident could result in suspension from the program for a time period to be determined.

A fifth incident could result in expulsion from the program.

If a child must call a parent or a parent needs to get in touch with their child, phones are provided at each site. For your convenience a list of each site's phone number:

Main Office site: 973-584-3030

Franklin Site: 973-584-0177

Jefferson Site: 973-584-9676 Kennedy Site: 973-927-8876

Lincoln Roosevelt Site: 973-584-1102

Nixon Site: 973-398-1575

<u>Under no circumstances is a cell phone to be out of the student's backpack at any time while the student is in the BASP program.</u>

In the past, we have found that many children view the phones as a toy or as a means to communicate with other students during the program. Many students just cannot avoid playing with the phone during this time and it becomes a distraction and a nuisance and possibly worse if the camera phone is used for inappropriate purposes.

Children, while in school, have been caught taking inappropriate pictures with camera phones, sending and receiving text messages while in class and making unnecessary phone calls while in the bathrooms or during recess. The schools have this policy in place to prevent the above listed incidences from occurring, as does The Roxbury Day Care Center Before and After School Program.

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I have read Roxbury Day Care Concerning cell phones and unde	Center's Electronic erstand it and will	* "

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The Center has gone <u>GREEN</u>. In our efforts to continue to achieve this we would like to email everybody their weekly invoices. This would also include any other communications about your account. On the lines below please provide your name, a valid email address and then please sign and date.

Thank you in advance t	for your cooper	ation.		
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^{**}Payment methods accepted: Cash, check, all major credit cards.

(Visa, Master Card, Discover & American Express)

ADMINISTRATION OF MEDICATION POLICY

PURPOSE: This policy was written to encourage communication between the parent, the child's health care provider and the child care provider to assure maximum safety in the giving of medication to the child who requires medication to be provided during the time the child is in child care.

INTENT: Assuring the health and safety of all children in our Center is a team effort by the child care provider, family and health care provider. This is particularly true when medication is necessary to the child's participation in child care. Therefore, an understanding of each our responsibilities, policies and procedures concerning medication administration are critical to meeting that goal.

Guiding Principles and Procedures:

- Whenever possible, it is best that medication be given at home. Dosing medication can frequently be
 done so that the child receives medication prior to going to child care, and again when returning home
 and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health
 care provider.
- 2. The first dose of any medication should always be given at home and with sufficient time before the child returns to child care to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to child care. This is for the protection of the child who is ill as well as the other children in child care.
- 3. Medication will only be given when ordered by the child's health care provider and with written consent of the child's parent/legal guardian. A "permission to give medication in child care" form will need to be filled out giving permission. All information on the permission form must be completed before the medication can be given.
- 4. "As needed" medication may be given only when the child's health care provider completes a permission form that lists specific reasons and times when such medication can be given.
- 5. Medications given in the Center will be administered by a staff member and will have been informed of the child's health needs related to the medication and will have had training in the safe administration of medication.
- 6. Any prescription or over-the counter medication brought to the child care center must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:
 - Prescription medication must have the original pharmacist label that includes the
 pharmacists phone number, the child's full name, name of the health care provider
 prescribing the medication, name and expiration date of the administration and/or
 storage. It is suggested that the parent/guardian ask the pharmacist to provide the
 medication in two containers, one for home and one for use in child care.
 - Over-the -counter (OTC) medication must have the child's full name on the container
 and the manufacturer's original label with dosage, route, frequency, and any special
 instructions for administration and storage, and expiration date must be clearly visible.
 - Any OTC without instructions for administration specific to the age of the child receiving
 the mediation must have a completed permission form from the health care provider prior
 to being given in the child care center.

Examples of over-the-counter medications that may be given include:

- Antihistamines
- Decongestants
- Non-aspirin Fever reducers/pain relievers
- Cough suppressants
- Topical ointments, such as diaper cream or sunscreen

- For the child who receives a particular medication on a long term daily basis, staff will advise the
 parent/guardian one week prior to the medication needing to be refilled so that needed doses of
 medication are not missed.
- 8. Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child.
- 9. Information exchange between the parent/guardian and child care provider about medication that a child is receiving should be shared when the child is brought to and pick-up from the Center. Parents/guardians should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the center to the parent/guardian.
- 10. Confidentiality related to medications and their administration will be safeguarded by the Center Director and staff. Parents/guardians may request to see/review their child's medication records maintained at the Center at any time.
- 11. Parent/guardian will sign all necessary medication related forms that require their signature, and particularly in the case of the emergency contact form, will update the information as necessary to safeguard the health and safety of their child.
- 12. Parent/ guardian will authorize the Director or Director Designee to contact the pharmacist or health care provider for more information about the medication the child is receiving, and will also authorize the health care provider to speak with the Director or Director's designee in the event that a situation arises that requires immediate attention to the child's health and safety particularly is the parent/guardian cannot be reached.
- 13. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child.

I understand the following regarding the administration of medication for my child while in attendance at Roxbury Day Care Center, Inc.:

I, or persons authorized to me to assume responsibility for my child in my absence, will be required to give verbal permission by phone before this action will be taken.

I will be required to sign a permission slip for this verbal approval when I arrive at the center.

Parent/Guardian		Date	
People authorized to g	grant this permission in	my absence are:	
Name	Work #	Home #	19 19
Name	Work #	Home #	
Name	Work #	Home #	

Policy on the Management of Communicable Diseases

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home.

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infect, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- · Mouth sores with drooling
- Stiff neck

Once the child is symptom-free, or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center unless contraindicated by local health department or Department of Health.

EXCLUDABLE COMMUNICABLE DISEASES

A child or staff member who contracts an excludable communicable disease may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others. Note: If a child has chicken pox, a note from the parent stating that all sores have dried and crusted is required.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

COMMUNICABLE DIESASE REPORTING GUIDELINES

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable diseases, can be found at:

http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf.

I have read Roxbury Day Care Center's Communicable Disease Policy	. I understand and will abide by it.
Parent/Guardian Signature:	Date:
OOL/APRIL 2017	

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Reporting Requirements for Communicable Diseases and Work-Related Conditions



(see New Jersey Administrative Code Title 8, Chapters 57 and 58)

Communicable Disease Service
Disease Reporting Requirements and
Regulations can be viewed at:
http://nj.gov/health/cd/reporting.shtml



Health care providers required to report: physicians, advanced practice nurses, physician assistants; and certified nurse midwives.

Administrators required to report: persons having control or supervision over a health care facility, correctional facility, school, youth camp, child care center preschool, or institution of higher education.

Laboratory, directors: For specific reporting guidelines, see NJAC 8:57-1:7.

CONFIRMED or SUSPECT CASES TELEPHONE IMMEDIATELY to the LOCAL HEALTH DEPARTMENT

- Anthrax
- Botulism
- Brucellosis
- Diphtheria
- Foodborne intoxications (including, but not limited to, ciguatera, paralytic shellfish poisoning, scombroid, or mushroom poisoning)
- · Haemophilus influenzae, invasive disease
- · Hantavirus pulmonary syndrome
- · Hepatitis A, acute
- · Influenza, novel strains only
- Measles
- Meningococcal invasive disease
- Outbreak or suspected outbreak of illness, including, but not limited to, foodborne, waterborne or nosocomial disease or a suspected act of bioterrorism
- Pertussis
- Plague
- Poliomyelitis
- Rables (human illness)
- Rubella
- . SARS-CoV disease (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fevers (including, but not limited to, Ebola, Lassa, and Marburg viruses)

Cases should be reported to the local health department where the patient resides. If patient residence is unknown; report to your own local beauth department. Sontact information is a vailable at a local health in gov.

If the individual does not live in New Jersey, report the case to the New Jersey Department of Health at 609-826-5964:

In cases of immediately reportable diseases and other emergencies—If the local health department cannot be reached—the New Jersey Department of Health maintains an emergency after hours phone number 609:392-2020.

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REPORTABLE WITHIN 24 HOURS OF DIAGNOSIS to the LOCAL HEALTH DEPARTMENT

- Amoebiasis
- Animal bites treated for rabies
- Arboviral diseases
- Babesiosis
- Campylobacteriosis
- Cholera
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclosporiasis
- Diarrheal disease (child in a day care center or a foodhandler)
- Ehrlichiosis
- Escherichia coli, shiga toxin producing strains (STEC) only
- Giardiasis
- Hansen's disease
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis B, including newly diagnosed acute, perinatal and chronic infections, and pregnant women who have tested positive for Hep B surface antigen
- Influenza-associated pediatric mortality
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Mumps
- Psittacosis
- Q fever
- Rocky Mountain spotted fever
- Rubella, congenital syndrome
- Salmonellosis
- Shigellosis
- Staphylococcus aureus, with intermediatelevel resistance (VISA) or high-levelresistance (VRSA) to vancomycin only
- Streptococcal disease, invasive group A
- Streptococcal disease, invasive group B, neonatal
- Streptococcal toxic shock syndrome
- Streptococcus pneumoniae, invasive disease
- Tetanus
- Toxic-shock syndrome (other-than
 Streptococcal)
- Trichinellosis
- Typhoid fever
- Varicella (chickenpox)
- Vibriosis
- Viral encephalitis
- Yellow fever
- Yersiniosis

REPORTABLE DIRECTLY to the NEW JERSEY DEPARTMENT OF HEALTH

Hepatitis C, acute and chronic, newly diagnosed cases only
Written report within 24 hours

- HIV/AIDS `

609-984-5940 or 973-648-7500 Written report within 24 hours

- · AIDS
- HIV infection
- Child exposed to HIV perinatally

Sexually Transmitted Diseases 609-826-4869 Report within 24 hours

- Chancroid
- Chlamydia, including neonatal conjunctivitis
- Gonorrhea
- Granuloma inguinale
- Lymphogranuloma venereum
- Syphilis, all stages and congenital

Tuberculosis (confirmed or suspect cases) 609-826-4878 Written report within 24 hours

Occupational and Environmental Diseases, Injuries, and Poisonings 609-826-4920 Report within 30 days after

diagnosis or treatment
 Work-related asthma (possible, probable, and confirmed)

- Silicosis
- Asbestosis
- Pneumoconiosis, other and unspecified
- Extrinsic allergic alveolitis
- Lead, mercury, cadmium, arsenic toxicity in adults
- Work-related injury in children (< age 18)
- · Work-related fatal injury
- Occupational dermatitis
- Poisoning caused by known or suspected occupational exposure
- Pesticide toxicity
- Work-related carpal tunnel syndrome
- · Other occupational disease"

Roxbury Day Care Center, Inc. GUIDELINES FOR POSITIVE DISCIPLINE

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the rights of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control.

Positive discipline is different from punishment. Punishment tells children what they should <u>not</u> do; positive discipline tells children what they should do. Punishment teaches fear; positive discipline teaches self-esteem.

You can use positive discipline by planning ahead:

- · Anticipate and eliminate potential problems.
- Have a few consistent, clear rules that are explained to children and understood by adults.
- Have a well-planned daily schedule.
- Plan for ample elements of fun and humor.
- Include some group decision-making.
- Provide time and space for each child to be alone.
- Make it possible for each child to feel he/she has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our room, our toys.

You can use positive discipline by intervening when necessary:

- Re-direct to a new activity to change the focus of a child's behavior.
- Provide individualized attention to help the child deal with a particular situation.
- Use time-out by removing a child for a few minutes from the area or activity so that he/she may gain self-control. (One minute for each year of the child's age is a good rule of thumb).
- · Divert the child and remove from the area of conflict.
- Provide alternative activities and acceptable ways to release feelings.
- · Point out natural or logical consequences of children's behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Don't say "bad boy" or "bad girl." Instead you might say "That is not allowed here."

You can use positive discipline by showing love and encouragement:

- Catch the child being good. Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what he/she is doing.
- Provide positive reinforcement through rewards for good behavior.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances, and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- · Appreciate the child's point of view.
- Be loving, but don't confuse loving with license.

Positive discipline is NOT:

- Disciplining a child for failing to eat or sleep or for soiling themselves
- · Hitting, shaking, or any other form of corporal punishment
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children
- · Engaging in or inflicting any form of child abuse and/or neglect
- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep
- · Requiring a child to remain silent or inactive for an inappropriately long period of time

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works.

OOL/ GUIDELINES FOR POSITIVE DISCIPLINE/APRIL 2017

SOCIAL MEDIA POLICY

The Center respects the right of the families of the children in our care to use social media. However because of the public nature of these sites, we request that you help us protect the safety and identity of children in our care by using good judgment and discretion online.

Please do not:

- Disclose confidential or proprietary information about Roxbury Day Care Center, Inc. employees, the children in our care or their families, or the Center in general including financial, health, or contact information.
- Post photographs or videos of the Roxbury Day Care Center employees, the children in our care (who are not your own) or their families to your social media site (and any sites that you contribute to) without prior written permission. This includes classroom activities, parties, field trips, graduation, etc.

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fully.			,		
Parent Signature		,			
archic Signature			l	Date	

PARENT

RECEIPT OF INFORMATION:

Information to Parents Document
Policy on the Release of Children
Positive Guidance and Discipline Policy
Policy on Methods of Parental Notification
Policy on Communicable Disease Management
Expulsion Policy
Policy on the Use of Technology and Social Media
ive read and received a copy of the information/policies
Child(ren)'s Name
Parent/Guardian's Name
Signature Date